

Inspection of safeguarding and looked after children services

Luton Borough

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 103 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in December 2010
 - interviews and focus groups with front line professionals, managers, senior staff and executive directors from NHS Bedfordshire and Luton, Cambridgeshire Community Services (CCS), Luton and Dunstable Foundation Hospital NHS Trust and South Essex Partnership University Foundation NHS Trust (SEPT).

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Luton is a multi-cultural urban town situated approximately 30 miles north of central London, and covers an area of approximately 16 square miles. Luton Borough Council became a Unitary Authority in 1997, taking over responsibility for children, schools and families from the former Bedfordshire County Council.
5. Estimates of population size obtained from the Office for National Statistics (ONS) are 194,300 in 2009 and 198,800 in 2010. Luton Borough Council estimated that Luton's population in 2010 was 205,900, that is 7,100 higher than the ONS estimate, with the difference mainly arising from migration. In general, Luton's population is younger than that in the East of England and nationally, with 22% of the population under the age of 15, compared to 19% for the East of England and nationally. Although Luton has a comparatively younger population, the proportion of older people is increasing, which reflects the national trend of an ageing population.
6. Approximately 32% of Luton's population is from minority ethnic communities, particularly the Pakistani, Bangladeshi, Indian and African Caribbean communities. The school census in 2012 showed that 60% of children attending a school in Luton were from non-White ethnic communities. For 46% of children attending schools in Luton, English is not their first language. In recent years the diversity of the population has increased due to an increased number of international students attending the University of Bedfordshire, and the arrival of migrants from European Union countries, notably Poland and other Eastern European countries.
7. Based on the Index of Multiple Deprivation (IMD), Luton's deprivation score increased from 24.73 in 2007 to 25.78 in 2010, and the rank dropped from 87 out of 354 to 69 out of 326 local authorities (with 1 indicating the most deprived authority). In 2010, Luton had 18 lower layer super output areas (LSOAs) among the 10% most deprived in England according to the Income Deprivation Affecting Children Index; and 22 LSOAs among the worst 10% in England according to the Income Deprivation Affecting Older People Index. Luton has a relatively large average family size, coupled with a relatively small average house size and overcrowded accommodation is a factor in some areas of the Borough.
8. Luton has many more people living in deprivation when compared to the East of England and nationally. Luton's child poverty needs assessment 2011 identified that one in four children lives in poverty and Luton is joint 39th out of 152 Local Authorities in terms of child poverty. In some wards

the level of childhood poverty is 45%. Wards in the south and the west of the town tend to higher levels of poverty. Some ethnic communities are more likely to live in areas which are more deprived. Bangladeshi and Pakistani communities make up a four-times-higher proportion of the population in the most deprived local areas than of England as a whole.

9. At the time of inspection 285 children were subject to a child protection plan. This figure included 137 girls, 143 boys and five unborn children. Luton's 387 looked after children comprised 78 young children (aged 0-4 years), 223 school age children and 86 young people aged 16 years and over. Additionally, the leaving care service was working with 165 care leavers. Social care services for children are delivered by a referral and assessment Team, five neighbourhood social work teams, a looked after children team, a children with disabilities team, which includes a transition team, and a 16+ team working with children in care and care leavers. Other services provided by the council include fostering and adoption services, an intensive support team, a contact centre, a range of short breaks services including a residential short breaks unit and a youth offending service. An emergency duty team is provided through a shared service with Central Bedfordshire.
10. In total there are 28,933 children of statutory school age (Years 1 to 11) attending Luton Borough schools including academies. The number of pupils with a special educational need in local authority maintained schools is 5,522. Luton provides education across six maintained nursery schools, 10 infant and 10 junior schools, 29 primary schools (including two special schools) and 13 high schools (including five academies and one special school). It also has two pupil referral units. Post-16 education is provided by the University of Bedfordshire, Barnfield College and Luton Sixth Form College. Luton currently has 23 children's centres but from April the Council is moving to a 'hub and spoke' merged model which will see seven hub children's centres operating across the same 23 sites.
11. Luton's Children's Trust has been in place since 2008, developing out of earlier arrangements for partnership working. The Trust Board has recently ratified accountability arrangements that see it reporting to the Shadow Health and Wellbeing Board and the Luton Forum. The Luton Safeguarding Children Board (LSCB) has formal links to the Children's Trust Board. The independent chair of the LSCB sits on the Trust Board and presents quarterly reports to which the Children's Trust Board is required to respond.
12. The Council maintains a children's joint commissioning team which is jointly funded by the Council and NHS Luton under a formal Section 75 lead commissioning and pooled budget arrangement. Commissioning and planning of children and young people's health services and primary care services are undertaken by the team which includes both NHS and Luton Borough Council commissioners. Universal services such as health visiting,

school nursing and community paediatric and nursing services are delivered primarily by Cambridgeshire community services which also provides looked after children health services. The acute hospital providing accident and emergency services for children, as well as maternity and newborn services, is the Luton and Dunstable Foundation Hospital NHS Trust. Child and adolescent mental health services (CAMHS) are provided by South Essex Partnership University Foundation NHS Trust.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

13. The overall effectiveness of services to safeguard and protect children is good. The local authority, health and partners have a clear vision and agreed priorities for improvement and from an adequate starting point have made significant progress in securing better services which are improving outcomes for children and young people. As a result a number of services are performing very well, no services are inadequate and none are deteriorating. Performance management and quality assurance are good and have led to improvements in services but the recording of management oversight and quality of analysis is too variable. Change is being well managed. The Director of Children's Services is providing effective and informed leadership and setting a clear tone of transparency, openness and respectful challenge.
14. The unannounced inspection of contact, referral and assessment services in December 2010 identified eight significant areas for development. Progress has been made in all these areas with the majority having been fully addressed. The referral and assessment service has been re-structured and at the time of the inspection was judged to be operating effectively. Capacity issues leading to high workloads for social workers and team managers are hampering the work of the neighbourhood teams. As a result, whilst child protection work is prioritised and robust action taken to protect children when necessary, the overall quality of work undertaken by the neighbourhood teams is adequate rather than good. Case recording is not supported by an efficient electronic case recording system and chronologies are not being used effectively. The local authority at the time of inspection was in the middle of re-structuring which aims to address the capacity issues in the neighbourhood teams and reduce caseloads. These changes are being underpinned by sound workforce planning.
15. A wide range of early intervention services are contributing to improving outcomes for children. These are well coordinated and focused with good consideration given to the diverse needs of Luton's communities. User engagement is strong throughout these services with children and families expressing high levels of satisfaction with the services they receive. The local authority and its partners have a strong commitment to using the views and experiences of children, young people and their families to inform service development and this is making a real difference to the services they provide.
16. Partnership working is strong at both strategic and operational levels. LSCB is well established, with good engagement from most partners and strong independent leadership. Its role is understood and valued by

partners and it provides effective scrutiny and challenge in key areas. However the take up of safeguarding training for some key health staff groups is poor and work to safeguard children privately fostered is under-developed.

Capacity for improvement

Grade 2 (Good)

17. Capacity for improvement is good. The local authority health and partners have a strong track record of service improvement including timeliness and quality of initial assessments, establishing and embedding multi-agency service thresholds, reviewing and re-shaping early intervention services, reductions in teenage conceptions, improving partnership engagement in multi-agency risk assessment conferences (MARACs) and re-structuring and re-resourcing its referral and assessment service. There is good evidence of clear and comprehensive learning from the most recent serious case review which has been a powerful driver of multi-agency service improvement. Some of these changes are relatively recent whilst others are more established and have clearly led to improving outcomes for children and young people.
18. Service improvement is underpinned by a robust needs analysis including user views and experiences and a full consideration of the needs arising from Luton's diversity. Good self awareness is strongly supported by effective use of performance and service quality information which ensures that managers have a good and realistic understanding of service strengths and areas for development. This is supported by a culture of openness and transparency where difficulties can be acknowledged, shared and worked on. There is a clear and shared vision and a coherent and appropriate set of priorities. Plans to improve services are shared and understood and are progressing at a sensible pace. However senior leaders recognise change also needs careful management and that some key changes are at an early stage of implementation.

Areas for improvement

19. In order to improve the quality of provision and services for safeguarding children and young people in Luton, the local authority, health and partners should take the following action.

Within three months:

- take action to reduce caseloads in the neighbourhood team
- improve the quality of assessments so that they more consistently address individual children's needs, views and feelings and are more analytical so that families can be helped and challenged to make positive changes more effectively
- ensure all child protection plans are outcome focused, clearly setting

out the changes necessary and how these will be supported and evaluated

- ensure the effective use of chronologies on all cases
- improve the quality and consistency of casework supervision and the consistency of recording of management oversight in case records.

Within six months:

- take action to improve the efficiency and effectiveness of the electronic case recording system
- improve arrangements for the identification of children being privately fostered
- NHS Bedfordshire and Luton must ensure that the levels of safeguarding training meet the required standards for all staff groups
- NHS Bedfordshire and Luton must ensure that safeguarding supervision is well embedded throughout all health providers.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

20. The effectiveness of services to ensure that children and young people are safe and feel safe is good. The child protection needs of children and young people are responded to promptly by the referral and assessment team which is regarded by partners as an accessible and responsive service. In cases seen by inspectors no children were left inadequately protected or suffering significant harm. A broad range of well coordinated, early intervention services are improving outcomes for children and their families. Work on anti-bullying is wide ranging and accorded high priority in response to the views expressed by children and young people. Surveys of children and young people suggest this is having an impact in reducing incidents of bullying. Innovative work is taking place to strengthen the safeguarding of children and young people through promoting community cohesion and safety.
21. Effective multi-agency arrangements are in place to locate children missing from home and education. The numbers of children missing from care and home are reducing and children are found more quickly due to well-focused multi-agency responses. Appropriate professionals undertake widespread training and awareness raising and there is a well developed understanding across nearly all agencies of the risks missing children are subject to. When children are located social workers currently undertake return visits to looked after children and the police undertake safe and well visits to children returned to their family home. An independent person has recently been appointed who will visit all children missing from home and care and so strengthen the independent element of current arrangements.
22. The majority of complaints are responded to promptly and performance is improving in this area. Children that complain have access to good quality advocacy support. The outcomes of complaints are considered by senior managers and processes for learning from complaints are improving. However relatively few children or young people make use of the complaints and compliments process and there is no complaints leaflet specifically for children; this is recognised and work has commenced to produce a child friendly leaflet.
23. Local authority arrangements to ensure safe recruitment are robust and meet statutory requirements. Personnel records seen are of good quality. Appropriate risk assessments when children make disclosures are signed off at an appropriate management level. Checks are made to ensure all social workers are registered with the General Social Care Council. Schools

are regularly updated with information regarding safe recruitment. Residential care, adoption and fostering services were judged good for safeguarding in their most recent inspection reports. Inspection safeguarding judgements for children's centres and schools in Luton are consistently good or better. However, few children in Luton have been identified as living in private fostering arrangements and the reasons for this have not been fully analysed.

24. The local authority is successfully improving education outcomes for some vulnerable groups and this reinforces safeguarding arrangements well. Results for children and young people from low income families show a clear trend of improvement and are better than those found nationally at ages 5, 16 and by age 19. Results are also improving for minority ethnic groups at age 16, with African Caribbean young people's results being notably above the national average in 2010. However, the local authority acknowledges that there is a need to raise the aspirations of White British young people whose results are below average. There is a strong culture of inclusion across Luton schools and as one head teacher said there is a 'massive commitment from schools to make systems work'. Overall, fixed term exclusions are reducing and the latest data shows performance is better than that found nationally. Permanent exclusions are low. The pupil placement panel is effective in ensuring children are accessing appropriate education provision and robust systems are in place to ensure good quality alternative provision for children and young people.
25. Appropriate local authority dedicated officer (LADO) arrangements are in place to ensure that children are suitably safeguarded where allegations are made about adults who work with children. Responses are timely and detailed records are held including chronologies. Action plans are well focused. Referrals indicate that a sufficiently wide range of statutory agencies are aware of their responsibilities to refer allegations to the LADO. Awareness raising work is sufficiently developed to ensure that voluntary sector agencies are also aware of their responsibilities and a considerable number have identified named points of contact. The LADO has developed training courses targeted on statutory agency managers and practitioners and from April 2012 will be incorporated in the annual Luton Safeguarding Children Board (LSCB) training plan for all partner agencies. The LADO provides quarterly data and an annual report to the LSCB. Work and training undertaken with local faith and community groups is beginning to have an impact in improving safeguarding awareness and responsiveness.

Quality of provision

Grade 3 (adequate)

26. The quality of provision which includes service responsiveness, the quality of assessments and direct work with children and families, and case planning, reviews and recording is adequate. The Early Intervention Board effectively brings together a multi-agency group of strategic managers

who work proactively to ensure early intervention services are appropriately provided to target the most vulnerable children and make best use of available funding. Local needs are well understood and robust plans focus on these needs well. Rigorous commissioning and decommissioning of services is driven by evidence of improved outcomes for children and their families and inspectors saw a wide range of positive outcomes as a result of this. Common assessment framework (CAF) processes are well embedded and partners have a clear view of where they can be further improved. The multi-agency family support panels provide valuable case direction for individual staff and promotes effective working. Further investment in additional CAF practitioners has been committed from April 2012 and demonstrates the commitment that the local authority, partners and elected members have to CAF arrangements to promote early intervention.

27. The local authority has seen a substantial increase in appropriate referrals from other agencies and the use of clear and agreed thresholds in 2010-11, a trend that is continuing into 2011-12. This has resulted in high caseloads across all neighbourhood teams and which is particularly acute in south and west teams. This impairs the capacity of workers to work reflectively and respond proactively to children in need and child protection cases. High caseloads also reduce team managers' ability to provide a sufficient level of management scrutiny or oversight in all cases. The local authority recognises the need to reduce social workers caseloads and have implemented a range of strategic actions to bring about the necessary changes. An appropriate generic emergency duty team is in place hosted by Central Bedfordshire local authority that provides a responsive service outside working hours with suitably qualified and experienced staff to undertake work with children and their families.
28. The immediate safeguarding needs of children are identified, assessed and appropriately responded to. Timeliness of core assessments has very recently improved since the transfer of the majority of this work to the referral and assessment team. However, delays in the completion of core assessments has lead to delays in the provision of effective support for some children in cases seen by inspectors. Recent data indicate a significant reduction in the number of core assessments reflecting a management view (supported by inspector's findings) that previously some core assessments were being undertaken unnecessarily and offered little added value. This brings the local authority more into line with statistical neighbour averages. The quality of assessments, although improving overall, is still too variable. Some good examples were seen and assessments do generally include information from partner agencies and take account of historic information. However, whilst assessments usually identify risks and protective factors, the depth of analysis does not sufficiently inform appropriate planning for all children. In a number of assessments seen by inspectors, consideration of individual children's needs within large sibling groups was not sufficiently rigorous, particularly

for younger children. Assessments record that the majority of children are seen regularly, however the frequency of children being spoken to alone by a social worker is variable and in some cases the wishes and feelings of children are not recorded and it is not clear how they have contributed to assessments.

29. Services respond well to local diversity and although individual needs are not always made explicit within assessments, some good examples were seen of work addressing needs arising from ethnicity, culture and religion. Workers are confident and competent in addressing these issues. Access to a range of interpreting services is timely and supports work with families. There is an increasing understanding of the needs of parents with learning difficulties and collaborative work with adult services to support these parents is improving outcomes.
30. Child protection plans are generally adequate, prescribe appropriate actions and contribute to reducing risk for most children. They could be improved by having a clearer focus on defined outcomes, how these are to be improved and evaluated and more consistent use of timescales for actions. The most recent plans seen by inspectors were better in these areas. Social care staff are provided with regular professional supervision where cases are discussed. The extent and depth of case planning, recorded as part of supervision, is hampered by high caseloads and it is not always clear that agreed actions are reviewed in subsequent supervision sessions or demonstrate sufficient quality of reflective practice. Staff describe managers as accessible and advice and decision making is readily provided outside of formal supervision meetings.
31. Child protection reviews are timely and meet their core responsibilities. Good evidence was seen of review meetings being brought forward in cases where situations had significantly changed. Core groups were usually regular, timely and appropriately attended by relevant partner agencies that made appropriate contributions. However, recording of core group discussions was variable and in some cases seen it was not evident that the child protection plan was reviewed and progress monitored.
32. Record keeping is too variable and sometimes too minimal with limited recorded evidence of management direction or oversight. It is hampered by the slow and cumbersome functionality of the electronic case recording system which significantly impacts on the capacity of workers and managers. It is difficult to quickly establish a child's history or the current situation and chronologies are not used effectively to assist in this.

The contribution of health agencies to keeping children and young people safe **Grade 3 (Adequate)**

33. The contribution of health agencies to keeping children and young people safe is adequate. Health members engage well with the work of the local

safeguarding children board which generally holds them to account effectively and provides supportive challenge. Executive Directors and Chief Executive officers report good levels of challenge, good partnership working and engagement with the LSCB and partner agencies. Health organisations have good governance structures to monitor safeguarding concerns. The Chief Executive officer and Executive Directors from Cambridge Community Services (Luton) operate 'back to the floor' assurance visits, providing an additional level of assurance for the Trust Board.

34. Within and across all health organisations safeguarding children training compliance rates are too variable and for medical staff inadequate. Luton and Dunstable Hospital data for December 2011 shows that trust-wide training compliance rates are 88%, however the medical staff rate is only 34%. Within the accident and emergency department training rates are only 75%, with the medical staff compliance rate 36%, paediatric and neonatal intensive care service compliance rates are 71% and 76% respectively, which are all inadequate. NHS Luton training rates are good, however dental rates show that only 13% are trained at Level 2 and only 10% at Level 3. The percentage of General Practitioners (GPs) trained to Level 2, is only 60%, with Level 3 being only 36%, which is inadequate. Although there have been some dedicated training sessions for staff groups, with low compliance rates these are yet to have an impact. There is some evidence of training having an influence on practice through, for example, improved information sharing although there is no formal monitoring of training impact.
35. Staff report good access to the named safeguarding professionals and value the supportive supervision provided. There is no dedicated CAMHS safeguarding lead. A CAMHS safeguarding team was being implemented at the time of the inspection, however there is currently a gap in the provision of regular case and peer safeguarding review meetings for CAMHS staff.
36. All health providers are making good use of the 'flagging' alert system and processes to identify and ensure that children and young people are protected from harm. There is good information sharing of the children's social care data base with health partners receiving weekly updates on the status of child protection cases. Thresholds to access social care are generally well understood. An escalation policy is in place and used when required but disagreements are normally speedily resolved at an operational level.
37. The Section 11 safeguarding audits show that all health organisations, with the exception of NHS Luton, provide safer recruitment training. An action plan is in place for NHS Luton but is yet to be fully completed. However, evidence from GPs show that enhanced Criminal Record Bureau checks are not up to date and there is no assurance therefore that staff

are fit to practice. Similar issues were identified by staff within Cambridge Community Services (Luton) although plans are well developed to rectify this shortfall.

38. The emotional and mental health well-being services in Luton are appropriately focussed on early intervention and prevention. There is good dedicated support to children's centres and local schools. There is good timely access to CAMHS, including those provided through the early intervention services. SCRIPT (services for children requiring intensive psychological treatment), have successfully prevented and reduced the need for hospital admissions by treating the young person within their own home. Outcomes of CAMHS interventions are monitored and show positive results. Good consideration is given to cultural diversity and the needs of service users from different cultures and communities. There are, however, recognised gaps in provision. Adult mental health services are not commissioned to provide services for attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD), resulting in the young people being transferred to their GP, who cannot always meet their needs.
39. Services have had a significant impact in reducing conception rates for 15-17 year olds with an overall fall of 21.8% below the original baseline. However, there remain a number of hotspot areas where rates have not been reduced. There are highly valued separate outreach workers for males and females which have increased access and take up of services. A good range of outreach and education activities is provided through schools, integrated youth support services, youth offending teams and children's centres, focusing on good sexual health and contraception, which has increased the use of the school nurse 'drop-ins' and attendance at sexual health clinics. Good provision and monitoring of the contracted pregnancy termination service provided by the British Pregnancy Advisory Service ensures that 85% of terminations now take place within the first 10 weeks of pregnancy. Good follow up support, counselling and contraception advice has led to a reduction in the number of repeat terminations. There is good access to a range of sexual health and contraceptive services, including sexually transmitted disease screening, with good use made of the condom card (c-card) scheme and the 31 emergency contraception services, located across the Luton area.
40. The specialist teenage pregnancy midwife provides a service for all under 18 year old parents to be. Antenatal clinics are provided with a flexible approach and a wide range of settings across Luton, which has increased attendance. Pre CAFs are used effectively, and as part of the referral to children's social care and children's centres, to ensure appropriate services are provided. There is good support provided for young fathers to be and young fathers, with dedicated education and support sessions. Further developments are being planned for young men by the male outreach

workers, such as the use of the internet for contact and sexual health promotion.

41. The strategic partnership has recognised that there is a high and increasing number of children with disabilities and children with life-limiting conditions and complex health needs requiring health interventions. Good action has been taken to increase the team and the numbers of specialist practitioners who provide health education and direct care, prevent neglect and improve the resilience and health of the children and young people. Very good partnership working across all health organisations and with the children with disabilities team in social care ensures children receive good quality care and that parents are well supported. This includes good arrangements for the transition of disabled young people into adult services.
42. Accident and emergency services (A&E) make good use of the flagging alert system and processes to identify and ensure that children and young people are protected from harm. Unscheduled care attendance notices are sent to community and primary care practitioners which are appropriately actioned by the receivers. The Luton and Dunstable A&E department provides a dedicated area for children where facilities meet the needs of children and young people well with good security arrangements in place. There are insufficient numbers of registered children's nurses on duty in A&E to ensure that all children and young people see an appropriately qualified practitioner. However, plans are in place to address this shortfall and staff in the paediatric department will attend A&E when alerted and this provides good support for A&E staff.
43. The sexual assault referral centre (SARC) is located outside of the Luton Borough Council authority area. Referral pathways are understood, with improving communication between key agencies reported by health staff. The SARC only provides services for young people over 13 years of age who are referred by the police and wish to pursue their case through the courts. Those young people under 13 years old have an agreed pathway to attend Peterborough SARC but it is too early to measure the effectiveness of this arrangement. Following a recent referral when there were unacceptable delays in accessing the service for a very young child the pathway for out of hours has been reviewed, although the support which was finally provided by the nursing staff was highly commended by the police. There is currently no provision at the SARC for victims to self refer, or for other professionals to refer to the service. There are plans in place to implement this service but this is dependant on employing sufficient crisis workers, which was progressing but not completed at the time of the inspection.
44. Preventative, universal and targeted services have been commissioned to support young people up to 25 years of age who are alcohol or drug misusers. Good age related services are provided flexibly in places which

are felt by the young people to be safe and culturally sensitive. Education focused workshops are delivered in a variety of settings, including schools and the pupil referral unit, with a dedicated programme for primary schools called 'safety squad'. This has led to an increase in referrals reflecting an increased awareness about hidden harm affecting children and young people where the adults in the house misuse drugs or alcohol. There are no waiting times for services and those in crisis are seen within an hour. Drug and alcohol services have good established links with the youth offending services, sexual exploitation services and safer community partnership which ensure that young people are able to develop resilience and reduce risk taking behaviours. Monitoring of the effectiveness of services is showing that many young people who have received interventions are able to stay drug free.

45. There has been good progress in attracting student health visitors with the aim that once qualified that they will join the understaffed Luton teams. Capacity is stretched with caseloads double that of the required standard. A good skill mix in health visiting and school nursing services is helping with the delivery of the universal health programmes. Despite the limited capacity within health visiting and school nursing services there is good attendance at child protection meetings, with reports improving in quality and submitted on time.
46. GPs vary too much in their levels of engagement and their understanding of safeguarding and their responsibilities. Most GPs report good partnership working, including with social care staff. Most GPs that took part in the inspection flag children known to be on a child protection plan, although only one responded that they flag looked after children as well. Their awareness of the child death overview panel is too variable. The named GP for safeguarding has a low profile within primary care with no GP reporting that they had accessed the named GP for support or advice.

Ambition and prioritisation

Grade 2 (Good)

47. Ambition and prioritisation are good. Safeguarding is a clear priority within the local authority, health and partners. Members and senior managers regard safeguarding as their top priority and have an unequivocal commitment to resource what is assessed as necessary. This is evidenced in the challenging financial context where there have been no reductions in front line safeguarding services and increased investment in the restructured referral and assessment service and the specialist assessment team. The local authority and its partners also recognise the value of effective early intervention services and continue to support and develop this work through their early intervention strategy.
48. Local priorities are clear and shared by partners. They are based on a robust needs analysis and understanding of current strengths and areas for improvement. There is a clear action plan with ambitious but realistic

target setting. Local ambition is understood and influenced by the LSCB which provides effective challenge and scrutiny. Appropriate ambition and priorities have enabled services in Luton to improve although it is not yet fully reflected in the quality of work undertaken by some key services.

Leadership and management

Grade 2 (Good)

49. Leadership and management of safeguarding services are good. A clear and planned approach to social work development is in place. The local authority is successfully recruiting good quality students and newly qualified social workers, primarily through its strong relationship with the University of Bedfordshire. Newly qualified social workers are well supported and an appropriate training pathway is in place to promote their professional development although in a few cases recently qualified social workers have had to manage the demands of a high caseload too early in their professional development. There have been recent improvements in social worker retention rates although the local authority does not yet have sufficient numbers of experienced permanent social workers with some of the resultant gaps filled with agency workers. The use of agency workers is reducing and some agency workers have become permanent employees. There is an appropriate range of corporate and specialist social care development opportunities for team managers and plans are in place to augment this with more individualised development programmes. Social workers report that they have good access to both internal and external training. Staff feel well supported, morale is generally good and workers are committed to working for Luton and improving outcomes for children. Appropriate arrangements are in place to train the early intervention workforce and a pilot programme has provided safeguarding training for a targeted group of workers in faith organisations. The LSCB has also piloted a more robust approach to evaluating the impact of safeguarding training on practice.
50. The local authority monitors its workforce for ethnicity, disability, gender and age. The workforce broadly represents the community it serves with recent increases in the number of Asian social workers although minority ethnic workers are under-represented at higher levels of management.
51. The local authority self assessment of its current strengths and areas for improvement is accurate and managers at all levels have a clear understanding of areas for development with effective plans that are appropriately prioritised and are at various stages of action. There is effective and creative use of resources that are targeted on these priorities.
52. Commissioning of early intervention services is robust and evidence-based with effective resource decision making through the multi-agency early intervention board. Strategies are purposeful and align with one another ensuring coordinated delivery of appropriate services. Good use is made of

the voluntary and community sector and of the added value, challenge and creativity they can bring to services. Inspectors saw some flexible and innovative packages of multi-agency support provided to families to reduce risk of harm and keep families together. Large numbers of children in Luton are affected by domestic abuse. While there is an effective multi-agency response and a sufficiently wide range of support for victims there are limited programmes that support and challenge perpetrators of domestic abuse or directly support children. The LSCB recognise this gap and some limited services have been commissioned, although these remain insufficient to meet the local demand and identified need.

53. Serious case review outcomes have been appropriately addressed with improved service delivery across social care and partner agencies. The LSCB serious case review sub-group has effectively monitored the action plan and held individual agencies to account through appropriate challenge. Effective arrangements are in place to ensure that learning from serious case reviews and other serious incident evaluations is disseminated to a wide range of partner agencies and that practice is improved as a result. Nearly all agencies are able to provide examples of improved practice as a result of this learning.
54. Strong strategic planning and information sharing ensures that service planning reflects local needs. There is a strong and well established culture of service user engagement. Children and young people are well supported to express their views and concerns on services. Events such as the annual Takeover Day provide a powerful means for listening and responding to these views. Many good examples were seen during the inspection of where user views and experiences had helped shape and improve services. The LSCB has undertaken some consultation with parents and a small group of young people that attended child protection conferences. However this work is at an early stage of development and the views of families or children experiencing child protection processes are not gathered or evaluated on a regular basis.

Performance management and quality assurance

Grade 2 (Good)

55. Performance management and quality assurance are good. Well presented performance data are regularly considered and used by senior leaders and managers. Information has been used intelligently to inform managers' understanding of performance issues and to direct resources where they are most needed. It has also been used appropriately to directly monitor and improve performance in some areas, such as the timeliness of initial assessments. Front line managers also have access to management information which they use to monitor and improve performance. The range and quality of management information is not, however, comprehensive or always easily accessible. This means, for example that information on the timeliness of child protection enquiries or the frequency

of visits to children with child protection plans cannot be readily aggregated. The local authority is aware of this and is reviewing its future electronic care recording system requirements in the light of this and the Munro Report recommendations.

56. Individual case auditing is well established, good quality, multi-agency, robust, looks at quality as well as process and includes peer review. Audit findings inform action planning, service development and professional development with re-auditing completing the cycle to assess impact and progress. This process has had a clear impact in some areas such as the gathering and use of historical information to inform assessments. In other areas the progress has been slower as audit findings have highlighted structural challenges to service improvement such as capacity issues for team managers which take longer to resolve. Audit processes are being further developed to strengthen and broaden the quality of learning and more clearly identify barriers to improving services and outcomes for children and young people.
57. Chairs of child protection conferences provide quality assurance of individual cases via the child protection review process and are confident and competent to challenge practice when required. Practice issues are also fed into and considered in the monthly safeguarding quality assurance meetings. However current capacity issues and competing demands on their time constrain their ability to proactively quality assure and offer an overview of child protection practice.
58. The Director of Children's Services and other senior managers regularly participate in case auditing and other quality assurance activity. As a result senior managers have a good understanding of service quality issues and front line staff have confidence that managers appreciate the challenges facing them in their daily work. Where staff are under performing, inspectors saw evidence of this being identified and robustly addressed.
59. Case records do not generally reflect the extent of management advice and direction that workers report takes place. As a result whilst child protection cases are overseen it is not possible to be confident that every child in need case has received appropriate oversight and the current level of caseloads in the neighbourhood teams make this particularly challenging to achieve. Where case management does take place it is too often reactive and task-focused rather than reflective and this limits the quality and depth of work undertaken.

Partnership working

Grade 2 (Good)

60. Partnership working is good. There is robust evidence of partnership working across all levels of intervention with children and their families. Strategic boards share common priorities and a strong vision and provide good leadership and peer challenge. Thresholds across partner agencies

are clear and are well understood. Nearly all agencies show effective commitment to working in partnership that has contributed to improved outcomes for children and families. However, GPs do not comply with their full range of *Working Together To Safeguard Children* responsibilities and most significantly they do not consistently and effectively contribute to information sharing about children who are at risk of harm.

61. Bedfordshire police have clear joint working arrangements in place at strategic level and operational arrangements that are well understood across agencies. Experienced officers have been retained within specialised safeguarding posts which ensures a consistent approach and strong emphasis on improving service delivery. Effective use of the available resources has seen an increase in police staff in specialised areas. The engagement of key agencies in multi-agency public protection arrangements (MAPPA) processes is good with the exception of adult mental health services.
62. As a result of learning from a serious case review, housing services contribute better and more consistently to child protection conferences and are now core members and consistent attendees at MARACs. Luton Housing provides very good general advice and individual support in providing accommodation for 16 and 17 year olds, those families with no recourse to public funds and those that are victims of domestic abuse. Variable contributions to partnership working are reported in relation to adult mental health services although there is a good response from the various drug and alcohol services. Health visitors and school nurses use their limited resources effectively to ensure good coordination of attendance and information sharing at a range of meetings. There has been an overall improvement in participation and coordination of MARACs which are now working satisfactorily with a clear focus on further areas for improvement.
63. The LSCB annual report provides clear evidence that the Board meets its statutory duties. The Board chair is suitably skilled, experienced and knowledgeable to provide independent leadership of the Board and the contribution and challenge he brings, supported by the deputy chair, is highly valued by board members and partner agencies. He has a detailed understanding of the legal requirements of the Board and brings robust intellectual challenge and rigour to the task. There are appropriate relationships with and access to the DCS, Chief Executive and the lead member. A range of quantitative and qualitative information on service effectiveness is available to and used by the Board. This is augmented by detailed case reviews and meetings with front line staff. The chair reports twice a year to the council's overview and scrutiny committee. The LSCB is clearly able to identify the positive impact that it has had in improving services and outcomes for children and young people.

64. Work to engage harder to reach partners and communities is appropriately prioritised by the local authority and the LSCB. A protocol has been developed with local madrassas and mosques and links made with the local council of faiths. Information and analysis about private fostering has not been presented to the Board, although an annual report has very recently been prepared for its consideration.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

65. The overall effectiveness of services for looked after children and young people is adequate. Statutory requirements are met and the local authority, health and other partners have delivered some significant improvements in service provision. No services are deteriorating and some are performing well and achieving good outcomes for looked after children, young people and care leavers. Needs arising out of ethnicity, culture, language, religion and disability are well understood and responded to. Clear plans are in place to improve services and outcomes but some are at an early stage of implementation. As a result the quality of provision is currently only adequate and constrained by caseload pressures and limited time for managers and workers to improve skills and focus on care planning and parallel planning. Caseload pressures also currently limit the time workers have to undertake direct work with children. Limitations and inefficiencies in the current electronic case recording system also hamper service effectiveness.
66. Arrangements for collecting and listening to the views of looked after children and care leavers are well established and supported. The authority has a strong commitment to this approach and there is clear and consistent evidence of children being listened to and their views making a positive difference. Most looked children and young people and care leavers are happy with the quality of services they receive although a few complained during the inspection about where their looked after review was held. Foster carers are well supported and processes for the recruitment and retention of social work staff are increasingly effective. As a result the skill mix in social work teams is improving but some of the neighbourhood teams remain relatively inexperienced. Quality assurance and performance management arrangements are in place, help inform the council's strong self awareness, and have led to some service improvements but this is not yet consistent across all key areas. Looked after children receive some good quality support from health services but health promotion activity and health support for care leavers is insufficiently systematic.

Capacity for improvement

Grade 2 (good)

67. The capacity to improve for services for looked after children and young people is good. The local authority, health and partners have achieved improvements in a number of services, such as timeliness of looked after reviews, reducing offending levels and improving facilities for children's contact with their families. It has also sustained high performance in a number of areas, including support and outcomes for care leavers, and support for looked after disabled children. The provision of these good

services is clearly leading to some improved outcomes for looked after children and young people and care leavers.

68. The local authority's self analysis is thorough and robust leading to a good understanding of its strengths and areas for development. This is informing its planning and priorities which are both ambitious and realistic and are understood and shared by partners and supported by the necessary resources. Clear plans are in place to drive service improvement although some are at a relatively early stage of implementation. Some key challenges, such as improving capacity in neighbourhood teams, delivering the commissioning strategy and improving the electronic case recording system, are fully understood but yet to be overcome.

Areas for improvement

69. In order to improve the quality of provision and services for looked after children and young people in Luton, the local authority, health and partners should take the following action.

Within three months:

- take action to reduce caseloads in neighbourhood teams and increase the time available for care planning and direct work with children
- ensure the effective use of chronologies for all looked after children's cases
- improve the quality and consistency of casework supervision and the consistency of recording of management oversight in case records
- improve the quality and consistency of care planning, including more consistent use of parallel planning when appropriate, and effective use of care planning documentation to evidence and support comprehensive care plans
- ensure the timing and location of looked after reviews takes full account of children's wishes and feelings
- NHS Bedfordshire and Luton must ensure that all care leavers are enabled to access health services and receive a copy of their health histories to ensure that they are able to make future life choices
- NHS Bedfordshire and Luton must ensure that all looked after children and young people receive age appropriate health education and promotion information, and that this is recorded in their health assessments.

Within six months:

- develop and begin implementation of a plan to improve the efficiency and effectiveness of electronic case recording
- ensure there is comprehensive tracking of the educational attainment and progress of all looked after children and that this informs personal education planning.
- following the planned team re-structuring, review whether there is sufficient management capacity in the neighbourhood and disability teams.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 3 (adequate)

70. Services to promote good health outcomes for looked after children and care leavers are adequate. The latest health outcome data shows that immunisation rates for looked after children have dropped from 96.2%, the rate in the general population, to 89.6%. The health assessment rate has also fallen from 78.8% to 73.2%, which is below comparators and England averages, although dental checks have risen from 57.7% to 92.9% which is above comparators and England averages. The monitoring of looked after children outcomes and any remedial action is improving but not robust; prior to the inspection there had been no analysis of the significant reported drop in immunisations rates.
71. Looked after children health files seen were of variable quality, albeit improving with the transfer to the electronic record system SystmOne, which is highly valued by staff. Some evidence was seen during the inspection of health promotion activity recorded in the health files. Health action plans were present in some cases although they were not always sufficiently focused. Initial health assessments in the files seen were all completed by medical staff but there were some delays in assessments although the reasons were not documented. Strengths and difficulties questionnaire (SDQs) scores or outcomes are not shared by children's social care for looked after children health assessments, which limits the quality of emotional well-being assessments. There is good sharing of the looked after children social care database with the dedicated looked after children health staff to ensure all looked after children are known and health assessments can take place. Consent is not clearly recorded in the looked after children health files seen during the inspection, however the recording and checking on SystmOne is more robust. There is good joint working with the child development centre to ensure that children with disabilities who are placed out of area are able to have their health assessments in Luton when they return for the school holidays. There was no evidence in the looked after children health files seen that health staff are receiving supervision which relates to looked after children. There is limited evidence of health promotion recorded in looked after children health files seen during the inspection and, although some looked after children do receive appropriate health promotion input from health visitors and school nurses, there is no monitoring of its effectiveness.
72. There is no health service for those leaving care nor are care leavers provided with full health histories. These are both requirements of statutory guidance. There is evidence of workers in the social care 16+ team considering young people's health needs as part of their pathway

planning and where appropriate these young people make good use of substance misuse and sexual health services.

73. Looked after children have good access to CAMHS, including specialist support from a dedicated service. The provision of health services for disabled looked after children and access to them are generally good and well coordinated with children's social care.
74. The designated nurse and doctor roles for looked after children are undertaken by motivated and very committed professionals whose work is highly valued by health workers and partners. The doctor linked to the adoption panel provides an effective service, and is well engaged in helping to ensure suitable matches are made for children being placed for adoption. A range of appropriate health training is provided to foster carers and adoptive parents. Surveys of looked after children and foster carers show high levels of satisfaction with looked after children health services, albeit with low response rates.
75. There is good access to interpretation services to ensure that timely reviews of health assessments can take place, and services are responsive to needs arising out of religion, ethnicity and language. Evidence was seen by inspectors of sensitive and effective work to address the emotional health needs of asylum seeking young people.

Staying safe

Grade 2 (good)

76. The arrangements for ensuring looked after children and young people are safe are good. There is a good range of edge of care services and evidence of those services working closely together. The services are highly valued by parents and can demonstrate effective outcomes for families, with children prevented from coming into care unnecessarily or enabled to return home from care with appropriate support. Decisions about whether children should be looked after are robust, with consistent thresholds applied. Decisions are well supported through good and accessible legal advice and monitored robustly by the care management panel. Services for disabled children, including the extensive provision of short breaks and direct payments, are particularly wide ranging and effective in reducing the need for children to become looked after.
77. Arrangements for monitoring care placements are satisfactory. Contracting and commissioning arrangements for purchased placements are strong and include rigorous activity to monitor placements and provide monthly reports on children's progress. Children placed out of area are monitored as well as those living in Luton and nearly all children spoken to felt safe in their placements. Arrangements for responding to children going missing are robust, as are arrangements for investigating concerns about carers.

78. Key agencies including health agencies, education services, schools, housing and the police are actively engaged and held to account for their responsibilities in delivering safe and good quality services for looked after children and care leavers.
79. Nearly all children are placed in provision that is judged to be good or outstanding both in and out of borough. Placements in provision judged adequate are clearly assessed and monitored to ensure that they meet the needs of the individual children. Overall placements meet individual needs arising out of ethnicity, culture and religion. Long term placement stability is good overall and improving, although performance for short term stability is only adequate.

Enjoying and achieving

Grade 3 (adequate)

80. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. The Children and Young People's Plan 2011-2013 includes an action to improve educational outcomes for children and young people in care by strengthening the use of data to target resources. The children in care strategy also outlines a clear commitment to improving the life chances of looked after children by narrowing the gap in educational achievement between children in care and their peers. Performance is reported regularly to the Corporate Parenting Board.
81. Following restructuring in 2011, which reduced the capacity of the virtual school, a well-developed action plan has been implemented and good progress is being made against appropriate priorities. A shared understanding and responsibility across partners regarding the education of children in care is developing, and is underpinned by the comprehensive programme of ongoing training to foster carers, newly qualified teachers and school governors. Links are also being developed with virtual schools in other local authority areas.
82. Very few children are without educational placements and good partnership working is effective in maintaining the stability of educational placements. Mainstream schools demonstrate a clear commitment to inclusion and avoiding the exclusion of any looked after child. The virtual school provides intensive support to children and young people at risk of exclusion and to schools, and effective use is made of good quality alternative provision. Permanent exclusions are low. No child in care was excluded in 2011 and only five young people have been permanently excluded since 2007. Current performance about fixed term exclusions is unclear as data collection has been incomplete. This is also the case for attendance data. Systems introduced in September 2011 are ensuring that this data will now be available to the virtual school. The latest available validated data in 2009/2010 show that persistent absence was lower than

in similar areas and nationally. Attendance performance was better for looked after children than for the general population of pupils in Luton.

83. The introduction of termly systematic tracking of children's achievement demonstrates whether children are likely to achieve age-related progress. Tracking and vulnerability criteria have been introduced to ensure that the virtual school can provide targeted support to those that need it most. This information informs the virtual school's interventions. School improvement advisors and independent reviewing officers (IROs) also share this information in order to challenge and support professionals responsible for looked after children's education. However, the local authority acknowledges that the monitoring of children in schools outside Luton is more challenging to achieve than for those placed in Luton or in nearby schools and this continues to be an area for development. Tracking data for those in placements outside of Luton is not yet comprehensive and the proportion of completed personal education plans is lower than for children in Luton schools, although improving.
84. There is a designated teacher for looked after children in all schools in Luton. They are provided with a responsive service by the virtual school that is both challenging and supportive for school, children, parents and carers. Designated teachers have termly opportunities to network with colleagues to share best practice and concerns. Relationships between schools and social workers are being developed. These are improving information sharing which ensures schools are informed of major events that may impact on children's behaviour or ability to learn. The use of the pupil premium is being closely monitored to ensure it is being used effectively to support looked after children's development and learning.
85. Attainment in English for 11 year olds in 2011 was in line with the national average and better than similar areas, and in line with similar areas but below the national average in mathematics. Outcomes declined in 2011 but cohorts are small with only 18 at Key Stage 2. Performance was better than in similar areas and in line with the national average in English, and in line with similar areas but below the national average in mathematics. Results for 16-year-olds at Key Stage 4, that is the proportion attaining five good GCSEs, show a trend of improvement. Results were below that in similar areas, but better than found nationally. The proportion achieving five good GCSEs including English and mathematics was better than both nationally and in similar areas. However, due to incomplete tracking data for 2011 it is not possible to demonstrate whether individual children and young people made expected or better progress from their starting points, although this information will be available in the future.
86. An increasing number (88%) of looked after children have an up to date personal education plan in place which includes the children's and carers views. The quality of personal education plans is satisfactory overall, however it is acknowledged that effective target setting is an area for

development. The virtual school has introduced a quality assurance process for personal education plans to address the issue. Telephone consultations are available to support social workers and designated teachers with planning for individual children and the virtual school attends personal education planning meetings to support schools where there are complex issues.

87. Information collated from looked after children's reviews shows the large majority of school aged children, both in and out of borough, are participating in some form of extra curricular activity. Opportunities for foster carers, their families and looked after children to try out the sports facilities available in Luton are to be trialed in Luton in April 2012 and they receive discounted entry to the swimming pool and fitness centres. Children and young people's achievements are celebrated annually at the Barney Wild awards evening.

Making a positive contribution, including user engagement

Grade 2 (good)

88. Arrangements for looked after children and care leavers to make a positive contribution are good. The views of looked after children are included in the children in care strategy, which includes their participation as a priority. Young people have good opportunities to speak out on issues that matter to them. Findings from consultation events such as 'Your Say, Your Day' and the 'Are we listening?' survey are being used effectively by the young people's panel to ensure the voices of young people influence service development. The panel are currently engaged in redesigning statutory review consultation documents and developing and designing web pages for children in care.
89. Although the young people's panel is well-established, many panel members are new and membership is currently quite small; new members have received a good induction into the work of the panel. The inclusion of officers and members within the panel ensures that young people can share their opinions on a wide range of issues face to face with influential adults.
90. The local authority has identified the need to ensure that the panel is fully representative of the whole looked after children population and is currently working on ways to ensure the views of younger looked after children are heard. The benefits of panel membership were vocalised by one young person who told inspectors of how he had developed self-confidence and was making friends. Examples of how the work of the young people's panel has made a difference include the increase in the leaving care grant, the development of the confidentiality agreement and prioritising of new apprenticeships. Looked after children are also involved in delivering training to potential foster carers and on recruitment panels.

91. The pledge for looked after children was developed by the young people's panel and is of good quality. However, the results of the inspection survey and discussions with young people suggests that it needs to be better publicised. Most looked after children and care leavers that inspectors met felt they were listened to and were satisfied with the services they receive. Almost all of children in the Care4me survey say they were listened to and their views made a difference.
92. The opportunity for looked after children and young people who live further away from Luton to make a positive contribution is identified as an area for further development and the inclusion of a new youth worker and personal advisor joining the long term team from April 2012 in intended to help drive this forward.
93. Luton is on track for a significant reduction in offending rates of looked after children which are currently 4.4% in comparison to last year's published figure of 11.1%, and a national average for 2011 of 7.3%. Looked after children are given high priority within the youth offending service, who regularly report on performance to both the youth offending service management board and the corporate parenting board. There is effective liaison with youth offending services working with young people placed out of Luton to ensure they receive appropriate services. The reducing offending of looked after children (ROLAC) agreement is proving effective in reducing the number of children entering the youth justice system as a result of low level incidents in children's homes and this work is being extended to include those children and young people placed with foster carers.
94. Suitable arrangements are in place to respond to complaints raised by looked after children although the survey and children spoken to by inspectors demonstrate that not all children and young people are aware of how to make a complaint. The number of looked after children supported through the advocacy service, Reconstruct, is increasing and includes intensive support for some young people placed outside of Luton. There is currently no waiting list for advocacy services, although 12 children are waiting to be matched with independent visitors and mentors. Strenuous efforts are being made to address this with good attention to children's individual needs and feedback from children and young people that have responded to Reconstruct demonstrates a high level of satisfaction with their services.

Economic well-being

Grade 2 (good)

95. The impact of services to support and improve the economic well-being of looked after children, young people and care leavers is good. In 2011 all care leavers remained in contact with the local authority. They receive a good level of support from services as a result of effective partnership working, targeted support and interventions which are sharply focused on

meeting individual needs. The multi-agency 16+ team provides effective wide-ranging guidance and care on issues such as housing, education, employment, health, financial support and independent living to ensure young people are well prepared to develop successful adult lives. Care leavers spoken to during the inspection were very positive about the support they received from the 16+ team and felt this was proportionate to need. They reported good relationships with their social workers and personal advisors and gave examples of the help they had received such as finding suitable vocational college courses and learning how to budget.

96. Young people receive effective support to access post 16 educational provision that is of good quality. In September 2011, 86% of looked after children were in full time education following the completion of statutory schooling. Young people in further education are guaranteed maximum bursary funding and this has encouraged more young people to share their status with post 16 providers who are therefore able to meet their individual needs more effectively. Data on achievement and retention rates for 16 to 19 year olds are not collated by the local authority or tracked by the virtual school. Similarly overall outcomes for young people post 19 are not monitored. This means that the authority does not have a complete picture of how well all young people are achieving after leaving care. A higher than average number of care leavers are however being supported to undertake higher education courses.
97. In 2010/11, 72% of care leavers, at the age of 19, were in education, employment or training. This was a higher proportion than found in similar areas and above the national average. The latest data shows that current performance is on track to meet the local authority's target of 76%. Clear confidentiality agreements, implemented with the support of the young people's panel, has led to better information sharing between the 16+ team, schools, colleges and independent private providers resulting in more effective support for learners.
98. Almost all care leavers are housed in suitable accommodation, and performance is better than in similar areas and nationally. There is a wide range of provision that meets young peoples' needs, including those that need additional support before living on their own. No young people are in bed and breakfast accommodation. Care leavers spoken to by inspectors all felt they were in suitable accommodation and felt safe there. All young people leaving care are entitled to the independent living grant and this is protected until needed, for example, until after completing university. There is good support for young care leavers who have offended to ensure their transition from custody to independent living is well planned and sustainable.
99. The 16+ team has a dedicated housing officer who works with homeless young people aged 16 and 17 in Luton. All homeless young people are referred to the 16+ team for full assessment and clarification of their legal

position. Where appropriate and necessary they are received into care. Processes are clear and comply with legal requirements. Close partnership working with the council's housing department ensures suitable accommodation is always provided and permanent arrangements made swiftly.

100. Care leavers receive good support from the 16+ team in preparation for independent living. Targeted residential learning courses ensure young people learn the skills they need and receive information, advice and guidance on sexual health, careers, drug and alcohol misuse and available financial support. Following feedback from young people, services are now working together more effectively to ensure that preparation for independence is beginning at an early enough stage. Transition for young people with learning difficulties and/or disabilities into adult services have improved and now work effectively. Adult services are included in decision making about out of borough placements for older young people and will fund placements to maintain educational continuity. Transition planning for vulnerable young people not currently eligible for community care services is less robust. The local authority has begun work to ensure that planning for those with additional needs is begun at an early enough stage to ensure their needs continue to be met when leaving care, but it is too soon to see the impact of this work.
101. A low proportion of care leavers leaving school last year were unemployed in September 2011. The 16+ team provide individualised support for job searches and applications and young people are encouraged to take up work experience opportunities, for example, with Luton Museum. The numbers taking up apprenticeships with the local authority is currently low. A new apprenticeship strategy has recently been approved, which aims to ensure looked after children and care leavers benefit from opportunities within the council.
102. Almost all care leavers have a comprehensive pathway plan. The completion of the pathway plan is the first point of contact between the young people and their new 16+ social worker following young people's transfer at age 16, and is used effectively to raise young people's aspirations for the future and sensitively explore independent living options. Plans show consideration of young people's individual needs including those around identity, culture and ethnicity. Care leavers spoken to during the inspection understood their pathway plans and one young person with no prior knowledge of living in England stated that engagement with the plan had proved invaluable to help them settle in to the country.

Quality of provision

Grade 3 (adequate)

103. The quality of provision for looked after children and young people is adequate. Appropriate thresholds for looked after services are consistently

applied ensuring that looked after services are usually provided in a timely way to those children who need them. A good range of well resourced and high quality services help prevent the need for children to become looked after. Delays in care planning, however, mean some children may be remaining looked after longer than they need to be.

104. Most social workers spoken to showed a reasonable understanding of the needs of the looked after children they are responsible for and take account of their views and feelings, although this is not always evident from case records. During the inspection inspectors saw and heard about a range of good work addressing the particular needs of children arising from disability, culture, religion, ethnicity and language. Appropriate care plans are usually set out in looked after review records and are informed by social workers' reports provided for the reviews. Some plans however were insufficiently comprehensive and did not fully address how a child's needs were to be addressed and promoted. Care plan documentation was under-utilised as a means of articulating and driving care planning. However care planning for disabled children is generally good leading to individual care packages which meet their specific and often complex needs.
105. Care planning gives appropriate consideration to permanency and a balanced approach is taken to the range of options available to achieve permanence for individual children. This includes considering the complex needs of the many large sibling groups looked after by Luton. However there was delay and drift in some cases seen by inspectors with decisions and actions that were not always timely. Whilst many delays were clearly attributable to the court timetabling and court requirements, this was not always the case. Discussions with managers and the authority's own analysis have highlighted problems with high caseloads in the neighbourhood teams, competing priorities and sometimes a lack of knowledge and skill in achieving permanence for children quickly and within a timescale that best addresses the needs of the child. Some good examples of permanency planning were seen but overall the quality of this work is too variable and in some cases the plan was unclear or indeterminate. Some cases and interviews showed insufficient understanding of the requirements of good parallel planning. The local authority is aware of these weaknesses and has a clear action plan to address them although it is too early to assess impact.
106. The quality of placements provided for nearly all children is good. Some effective preventative work is done to avoid unplanned changes of placement. Most children enjoy positive and sustained relationships with their carers and where there is continuity of social worker relationships are also usually positive and beneficial to the child. Social workers who spoke to inspectors displayed a strong commitment to promoting the welfare of looked after children and to delivering good quality direct work. However the caseloads of some workers limit their ability to do this leading, for

example, to delays in completing life story work. The timeliness and quality of records is too variable and is not supported by the current electronic case recording system which is slow and cumbersome. Most cases do not have an up to date, good quality chronology which makes it more difficult to easily understand a child's life and care history.

107. The local authority has redesigned and re-commissioned its arrangements for providing contact opportunities between parents and children subject to care proceedings. The Manor Contact Centre now undertakes a significant proportion of this activity. The service provided is very child centred and also enables parents to receive good quality support in managing contact and developing their parenting skills. Parents spoken to were very positive about the centre, liked the staff and felt they had the opportunity to make the best of contact opportunities.
108. Looked after reviews are well managed and provide an appropriate level of challenge. Concerted action by the authority has improved the timeliness of reviews from a position where too many were not taking place within statutory timescales. Well over 90% are now held within timescale. Some children spoken to, however, complained about reviews being held at school and during school time which they felt advertised their looked after status to other pupils.

Ambition and prioritisation

Grade 2 (good)

109. Ambition and prioritisation of services for looked after children is good. Looked after services are evidently a high priority for the local authority and its partners and this is reflected in resource allocation. The costs of increasing numbers of looked after children have been met without any compromise on placement quality and investment has improved the quality of contact services provided for looked after children and their families. The authority has also continued to support and invest in preventative services, including direct payments and short breaks for disabled children and the intensive family support service. The lead member and Chief Executive have a strong commitment to meeting their corporate parenting responsibilities and to resourcing what is necessary to meet the needs of looked after children.
110. There is good member and partner engagement in corporate parenting arrangements and evidence of services being challenged and held to account through these processes. However the corporate parenting panel does not consistently provide robust, rigorous and insightful challenge to all key areas of activity.
111. There is a well established children in care strategy with clear, multi-agency priorities and action planning. Progress has been made in implementing this plan and achieving some targets but some key areas of activity such as the commissioning strategy and permanency planning project have yet to impact on services and outcomes for children.

Leadership and management

Grade 2 (good)

112. The leadership and management of looked after children's services are good. Commissioning and joint commissioning arrangements for looked after children and children on the edge of care are well established across key partners and promote the effective use of resources. Commissioning staff work very effectively to commission and purchase safe and high quality placements for children and comparative data show they also achieve overall good value for money.
113. The placement commissioning strategy is up to date and clearly sets out the council's commissioning intentions within the local context of Luton. The commissioning group usefully includes staff commissioning services for children already looked after and for those on the edge of care as well as staff that contract individual placements. Collaboration with two neighbouring councils in commissioning fostering services is helping to reduce costs and drive up standards. The group also has access to the regional placements database to keep in touch with up to date information about the safety and quality of placements. Out of borough residential placements are commissioned on a spot purchase basis to reflect the very specialised needs of individual children. For out of borough fostering placements the contracting service has established 19 preferred providers who have gone through a rigorous challenge and due diligence process to ensure quality, safety and value for money. There are good links between contracting and social work staff to share information about placements. The local authority has recognised that greater availability and use of in house fostering placements would further reduce its costs and has a plan in place to achieve this although the impact of this is not yet evident.
114. Weaknesses in services and resource deficits are well identified, risk assessed and understood by officers and members. The local authority are broadly meeting the requirements of the sufficiency duty and are working hard to improve their performance in this area by increasing the number and range of in-house foster carers. Leadership and management has been strengthened by the recent introduction of a service manager post fully focused on looked after services although it is too early to assess the impact of this post.
115. The local authority has made progress in improving the recruitment and retention of social workers. There remains a shortage of permanent, experienced social workers in the neighbourhood teams although agency workers are helping to fill this gap and the authority is successfully developing a strong cohort of recently qualified social workers. Caseloads are high in some of the neighbourhood teams. This is recognised by the local authority which has plans in place to reduce these caseloads but these have yet to take effect. Social workers can access a range of good quality training and professional development opportunities. Foster carers are well supported and can access good training opportunities.

116. The local authority and its partners have a good understanding of the profile and needs of their looked after population, including needs arising from Luton's diversity. This understanding is strengthened by the use of the views of children and young people and their parents and carers. Effective work has ensured that outcomes for looked after children and young people from minority groups are similar to those of all other looked after children and the attainment gap is closing. Services for disabled children are well led and coordinated but the management span of the team manager for the disabled children's team is too great.

Performance management and quality assurance

Grade 3 (adequate)

117. Performance management and quality assurance for looked after children's services are adequate. Performance information is regularly considered by senior managers and the corporate parenting panel. It is clear and well presented but not always accompanied by sufficient analysis or receiving sufficiently rigorous scrutiny. It has helped drive service improvements in some areas, such as the timeliness of looked after reviews, but performance management arrangements are not yet leading to improvements in all key areas of activity for looked after children. For example, the apparent dip in performance in children being immunized had not been identified and interrogated prior to the inspection.
118. Front line managers can access some useful management information to monitor, for example, case allocations and updating of care plans. Regular case auditing takes place and is of good quality. It has helped inform plans to address key areas of weakness such as the consistency and robustness of care planning but has not yet led to evident improvements in these areas. Case auditing also provides team managers with qualitative information on casework in their teams. However caseload and workload issues currently constrain the capacity of some team managers to monitor and improve the quality of work undertaken on all looked after cases.
119. Independent reviewing officers (IROs) provide satisfactory quality assurance of individual cases via the looked after review process and are empowered and competent to challenge practice when required. Practice issues are also fed into and considered in their monthly quality assurance meetings. However, current capacity issues and competing demands on their time constrain their ability to proactively quality assure and offer an overview of looked after children's services. For example, the annual IRO report, whilst covering service and development issues within the IRO service, did not offer a detailed or comprehensive overview of strengths and weaknesses of looked after services from this valuable perspective.

Record of main findings:

Safeguarding services	
Overall effectiveness	good
Capacity for improvement	good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	good
Quality of provision	adequate
The contribution of health agencies to keeping children and young people safe	adequate
Services for looked after children	
Ambition and prioritisation	good
Leadership and management	good
Performance management and quality assurance	good
Partnership working	good
Equality and diversity	good
Services for looked after children	
Overall effectiveness	adequate
Capacity for improvement	good
How good are outcomes for looked after children and care leavers?	
Being healthy	adequate
Staying safe	good
Enjoying and achieving	adequate
Making a positive contribution, including user engagement	good
Economic well-being	good
Quality of provision	adequate
Services for looked after children	
Ambition and prioritisation	good
Leadership and management	good
Performance management and quality assurance	adequate
Equality and diversity	good